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ABSTRACT

A comparison of the importance of the extended family with mental health facility policies and "curanderismo" was conducted to explain the lower mental health clinic usage by Mexican Americans. Data were collected in three Southern California towns in Santa Barbara and Ventura Counties in the spring and summer of 1975. Spanish-surname households were contacted door-to-door by bilingual interviewers. Of those households with Mexican American residents, 77% accepted the interview; about 666 Spanish and English questionnaires were administered. Most of the respondents were born in California; 42% were born in Mexico. While 42% spoke mainly Spanish, 31% primarily spoke English, and 27% were bilingual. About half the respondents were between the ages of 35 and 59; 37% were less than 35 years old, and 14% were 60 years or more. About 90% had relatives or in-laws living in town, and about 56% of these were related to more than five households. About 88% had "compadres"; most of these had "compadres" living in town. It was found that the extended family was an important support system for Mexican Americans with emotional problems. Relatives and "compadres" were seen more frequently than any other source of help by natives and immigrants alike. Friends, physicians, and priests/ministers were also consulted. "Curanderos", on the other hand, were rarely called on for help in meeting emotional crises. Although almost half of the respondents knew about the local clinic, they preferred alternative sources of help, particularly the extended kin group. (NQ)

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The Mexican American Extended Family:

A Mental Health Resource

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THE MEXICAN AMERICAN EXTENDED FAMILY: A MENTAL HEALTH RESOURCE

Studies indicate that Mexican Americans underutilize mental health services compared to the rest of the population (Padilla and Ruiz 1973; Padilla et al. 1975). Alternative explanations for this lower rate of use have concentrated on the following: (1) discouraging mental health facility policies, such as language barriers and class and cultural disparity between client and therapist, (2) utilization of folk medicine and curanderos instead of conventional psychotherapy, and (3) primary dependence on the extended family for emotional support in times of stress.[1] Proponents of the last explanatory model, principally Madsen (1964; 1969) and Jaco (1959; 1960), contend that the extended family system of Mexican Americans provides protection against mental illness because the individual never suffers alone, relying on parents, siblings, aunts, uncles and cousins for assistance. The family, in short, "serves as an anxiety-sharing and anxiety-reducing mechanism in stressful situations" (Madsen 1969:239). Data will be presented in this paper comparing the importance of the extended family with mental health facility policies and curanderismo as explanations of lower mental health clinic usage by Mexican Americans.[2]

Research was conducted in three Southern California towns in Santa Barbara and Ventura Counties in the spring and summer of 1975. The sample was taken equally from nine census tracts in all: three census tracts of varying degrees of ethnic density in each town. Spanish-surname households were contacted door-to-door by bilingual interviewers. Of those households with Mexican American residents, 77% accepted the interview giving a total of 666 respondents. About an equal number of Spanish and English language questionnaires were administered. All of the data presented in this paper is descriptive in nature; no analysis of statistical significance is reported.

Description of the Sample

In both age and marital status, the sample is very much like the urban Spanish-speaking/surname (SS/S) population in California as a whole.[3] The majority of the respondents are married (84%) and the age spread is fairly wide. About half the respondents are between the ages of 35 and 59; another 37% are less than 35 years old and 14% are 60 years of age or more. Due to sampling problems, more of the respondents are women (76%) than are found in the general population but very few differences by sex appear in the data and these are noted where they occur.

There is an average of 4.5 persons per household. Only 16% of the households have more than six members. Almost all of the respondents (93%) have children and most of these (86%) still have children living at home. The average family has one to three children, but families with five or more children (33%) are not uncommon. Very few households (4%) have unrelated people, such as friends, roommates, or boarders, living in the home.

The nuclear family is the most common type of household pattern. The household composition of respondents in this survey is very much like that found by Grebler et al. (1970:353) in Los Angeles and San Antonio with one notable exception; while extended families make up only 3-4% of the households in the study by Grebler et al., 11% of the households in this survey are extended (see Table 1). About 4% of the households are joint households, most of them made up of related nuclear families.[4]

With respect to language and birthplace, there is little uniformity within the sample. Forty-two percent of the respondents were born in Mexico. Most of the others were born in California. While 42% of the sample speak mainly Spanish, 31% primarily speak English and 27% are bilingual.

As there are differences in language and cultural background, so are there differences in ethnic identification among the respondents. The majority

of the sample identify as "Mexican" (54%). The second most common identity is "Mexican American" (27%). Only 7% take the label of "American of Mexican descent" and 6% prefer to be called "Chicano." Most of the respondents who identify as "Mexicans" are from Mexico (69%) and speak mainly Spanish (67%). The other ethnic group names tend to be taken by respondents born in the United States. The respondents identifying as "Mexican Americans" are either bilingual (41%) or speak mainly English (40%), while both the "Americans of Mexican descent" (63%) and the "Chicanos" (53%) are primarily English-speaking.

Like the urban SS/S California population as a whole, the respondents are largely non-transients with less than 12 years of education who are from blue collar families.[5] Most of the respondents (89%) have lived in their community for over 5 years; one out of five is a native of his/her city. The median years of education for respondents is nine years; 69% have not completed high school. Eighty-five percent of the heads of household sampled have blue collar jobs and the majority of these are semi-skilled and unskilled occupations, including operatives, service workers, and laborers. Fifteen percent of the heads of household are farmworkers.

Those respondents born in Mexico are a quite different segment of the ethnic population compared to those born in the United States. The majority of those born in Mexico speak mainly Spanish (83%), identify as "Mexican" (88%), have less than eight years of education (69%), and have lived in their community for 15 years or less (65%). In contrast, half or more of those born in the United States speak mainly English (50%), identify as something other than "Mexican" (70%), have more than eight years of schooling (84%), and have lived in their town for more than 15 years (77%). While only 15% of those born in Mexico have white collar or skilled blue collar jobs, 40% of the U.S. born are so employed. In other words, there are two segments within the population of Mexican descent which differ both culturally and socio-economically

and which we will hereafter label as the immigrant and native groups.

The respondents born in the United States are further differentiated by generation: 38% of the sample is second generation with one or both parents born in Mexico and 20% is third generation with both parents born in the United States. The language and educational differences noted above are also marked between these two generations. In the third generation, 63% speak mainly English and 50% have graduated from high school while only 42% of the second generation respondents speak mainly English and 38% are high school graduates. The youthful age of the third generation sample probably has much to do with these variations; 52% are under thirty-five years of age compared to 27% in the second generation.

The Extended Family

The Mexican American extended family as discussed in the literature is much like that found in Mexico (Clark 1959; Madsen 1964; Staton 1972; Rubel 1966). According to these authors, Mexican Americans commonly have many relatives living nearby, visit them frequently, and rely on them for mutual aid in times of need. Compadrazgo, or the custom of choosing godparents, creates an extension of this kinship system. Compadres take on the rights and obligations which are more characteristic of relatives than friends, and they are included as members of the close-knit network of extended kin. While little supporting empirical evidence has hitherto been available on the Mexican American family, data from our sample lend substance to this generalization.

The extended kinship group is strongly evident among the Mexican Americans surveyed. About 90% of the respondents have relatives or in-laws living in town and 56% of these are related to more than five households. The great majority (91%) of respondents with relatives in town see some of their kinsmen at least once a week, almost half visit with relatives daily.

Large family gatherings are common. About three quarters (73%) of the respondents get together with their relatives as a group at least twice a year; 24% have large family parties more than six times a year.

Dependence on the family as a source of instrumental support is fairly common. Eight out of 10 of the respondents with an extended family in town report helping a relative in the past year in such capacities as loaning money, babysitting, home repairs, and so on. The receipt of aid from extended family members is reported by 71% of this subsample. Moreover, the majority of the respondents (67%) with kin living nearby have a mutual aid relationship with their relatives, both giving and receiving certain goods and services.

Compadrazgo also remains a viable institution among Mexican Americans. Respondents tend to be Catholic (88%) although 10% are protestants, primarily members of evangelical sects such as Jehova's Witnesses. Even the protestants, however, tend to have compadres, perhaps vestiges of earlier membership in the Catholic church. About 88% of the respondents have compadres and most of these (80%) have compadres living in town.

Thus, most Mexican Americans have either real or fictive kin living nearby. In fact, the majority (70%) have both relatives and compadres living in town; only 3% have neither. Most of the sample are related to more than five local households (51%), visit with nearby relatives at least once a week (64%), and attend large family gatherings more than once a year (73%). Furthermore, 61% of all Mexican Americans sampled exchange goods and services with their relatives. In general, therefore, Mexican Americans have an integrated extended family system which is available in times of need.

Although an extended family system is the norm for the ethnic group as a whole, there are significant differences within the population between the immigrant and native segments. Both immigrants and natives are likely to

have relatives and compadres in town. About 90% of the Spanish-speaking respondents born in Mexico and 96% of the English-speaking respondents born in the United States have relatives nearby; somewhat fewer immigrants (69%) and natives (75%) have compadres in town. Natives, however, tend to have more relatives in their community. While less than a third (31%) of the Spanish-speaking respondents born in Mexico are related to more than five households in town, the same is true of over two thirds (68-70%) of the U.S. born respondents who speak English. In fact, almost one out of five (18%) native Mexican Americans is related to more than twenty households compared to about one out of twenty-five (2-4%) immigrants.

Natives also visit their kin more frequently than immigrants. About half of the English-speaking, U.S. born respondents with relatives in town visit them every day, whereas the majority (50-53%) of the Spanish-speaking respondents born in Mexico visit relatives weekly. Likewise, while the majority of both natives and immigrants get together for family occasions more than once a year, English-speaking respondents born in the United States (76-77%) are somewhat more likely to do so than Spanish-speaking respondents born in Mexico (68%).

These differences are also fairly consistent with the associated socio-economic characteristics of natives and immigrants. Respondents with at least eight years of education who come from white collar or skilled blue collar households tend to have more relatives in town and more family get-togethers than less-educated respondents from semi-skilled and laborer households. While respondents with an elementary education tend to visit their nearby kin daily, respondents with less than eight years of school tend to visit them weekly. There is no difference in visitation by occupation.

Besides having more nearby relatives and seeing them more often, natives are also better integrated in mutual aid practices with their kin than are

immigrants. More than four out of five of the respondents born in the United States (84%) and those who speak English (87%) have helped a relative in town in the last year compared to three out of five Spanish-speaking (59%) respondents born in Mexico (60%). In the same way, three quarters of the English-speaking (74%) respondents born in the United States (72%) received aid from a relative as opposed to one half of the Spanish-speaking (54%) respondents born in Mexico (55%). A similar relationship is present by occupation and education.

Thus, while the majority of both immigrant and native segments of the Mexican American population are integrated in an extended family network, the natives are more likely to have larger, tightly-knit networks than the immigrants. This becomes even more apparent by grouping the respondents in the sample according to their extended family reciprocal aid patterns. In all, 22% of the respondents either have no relatives living close by or do not exchange goods or services with their relatives in the community (hereafter referred to as respondents with "no familial support"). Another 31% of the sample give and/or receive very little aid and among one half of these cases the aid is not reciprocal (referred to as respondents with "some familial support"). By far the largest proportion of respondents (47%), however, are fully integrated in multiple kinds of mutual aid practices with their extended family (referred to as respondents with "much familial support").

The majority of the native segment (55-62%) have a high degree of mutual exchange with their kin; very few (12-14%) receive no familial support (Tables 2 and 3). Immigrants, on the other hand, are just as likely to have non-supportive (34%) as very supportive (34-36%) families. Two thirds (65-66%) of the immigrants are not tied to their kin by multiplex reciprocal exchange. This holds true for socio-economic as well as cultural differences between the two segments of the Mexican American population (Tables 4 and 5).

In sum, the natives best fit the description of the Mexican American family system found in the literature. They have many relatives close by with whom they visit frequently and reciprocally exchange goods and services. While the immigrants also have relatives in town whom they visit often, the number of kin is very small and there is no high degree of reciprocal support between the immigrants and their extended family. Therefore, reliance on the extended family for emotional support should be common within the native segment and less likely to occur among immigrants.

The Extended Family as an Emotional Resource

Turning to the response of Mexican Americans to emotional problems, there is a clear preference for informal methods of dealing with stress rather than reliance on public agencies. Respondents are fairly well aware of the mental health clinic in their neighborhood. About half of the sample (48%) could identify the local clinic; one out of five could give the correct location when asked. Even more respondents (60%) indicate willingness to use the mental health facilities. Yet, only 2% of the sample used a clinic in the last two years.

While immigrants are somewhat less knowledgeable, still one in three can identify the local clinic. In addition, immigrants are more willing than natives to make use of the services offered. Both segments of the Mexican population, thus, appear to be knowledgeable about the local mental health clinic location and to have a positive attitude toward utilization.

Moreover, those respondents who have had some contact with the local mental health facility, or know a friend or relative who has, tend to have a good opinion of the services offered. It should be noted that there is no indication of the extent of utilization of mental health services by these respondents or their friends and relatives, only that there has been some

contact. Although 19% believe there is a language problem for Spanish-speaking clients at the clinic, only 6% believe the clinic staff is hard to talk to in other respects. Furthermore, the majority (58%) believe the clinic is successful in its treatments. In other words, neither lack of knowledge about mental health clinics nor negative attitudes about the quality of the services offered by mental health clinics appear to be very important in discouraging potential Mexican American clients.

More important in explaining the low use of mental health facilities by Mexican Americans is their preference for other sources of help in times of emotional stress. In response to a general question asking for the first place a Mexican American who has an emotional problem should go for help, the most common replies include a physician, a relative or compadre, or a priest/minister (see Table 6). Taken together, the family doctor and a relative/compadre are mentioned by almost half of the native and immigrant populations alike.

Contrary to evidence provided by other authors (Creson et al. 1969; Madsen 1964; Torrey 1973), curanderos, or folk healers, do not appear to be relied upon with any frequency. They are never recommended by respondents as the first place to go for help with an emotional problem. When asked specifically about the problem of bewitchment, most respondents replied that they do not believe in it. Over a third of the respondents, when prompted further, advise talking with a priest or minister, while a curandero is recommended by 17% of the respondents. The tendency to advise seeing a curandero is, as expected, found more among the immigrant than the native population. Respondents born in Mexico who speak mainly Spanish are about as likely to recommend seeing a curandero (23-25%) as a priest (28%) for bewitchment. U.S. born English-speaking respondents, on the other hand, favor seeing a priest (43-44%) rather than a curandero (10-13%). It is only within

the immigrant group, thus, that the belief in the effectiveness of curanderos is retained, and even within this group, folk curing is recommended by a minority of respondents.

The same kind of preferences for help in coping with emotional problems that are recommended in general are also maintained in actual practice. The majority (58%) of the sample replied they did require help with an emotional problem in the last year, and the most common sources of help used by these respondents include a relative/compadre, friend, doctor, and a priest/minister (Table 7). Curanderos were seen by only 2% of the respondents, confirming the previous finding that this cultural resource is not important for Mexican Americans in these three towns.

Consistent with our findings on the greater extent of reciprocal family support within the native segment of the population, the native respondents consult more frequently with their extended family about emotional problems than immigrants do. More English-speaking (41%) respondents born in the U.S. (38%) have sought help from a relative or compadre in the last year than Spanish-speaking (31%) respondents born in Mexico (34%). Similarly, respondents with at least eight years of education (41%) who are from white collar families (43%) are more likely to have talked with a relative/compadre about an emotional problem than are less educated respondents (30%) from semi-skilled and unskilled households (34%).

With regard to the extent of family support present, the difference in the reliance on kin by the two segments of the population is made even more clear. About half (49%) of those respondents who have very supportive extended families, predominantly native Mexican Americans, have been to a relative about an emotional problem in the last year. In contrast, only one in four (24-28%) of the respondents with some or no extended family support, including the majority of the immigrants, have gone to a relative for help.

Furthermore, natives are more likely to have utilized at least one of the alternative mental health resources (one of those listed in Table 7) than are the immigrants. Specifically, more respondents who speak English (65%) have used a mental health resource than Spanish-speaking respondents (50%); the same is true for respondents born in the U.S. (62%) versus those born in Mexico (51%), respondents with more than eight years of education (62%) versus those with less (52%), and respondents from white collar or skilled blue collar households (66%) versus respondents from semi-skilled and unskilled families (55%). We must conclude that either the immigrants have fewer emotional problems or have less access to resources of help. Considering that the immigrants are probably subject to greater emotional stress due to poverty, limited education, lack of fluency in English, and discrimination, it is more likely the lack of resources which accounts for the lower rate of use. Not only do they underutilize public mental health agencies, but they are also bereft of traditional cultural resources such as curanderos and especially an extended family support system, such as that relied on by native Mexican Americans. It is the immigrant segment of the Mexican American population, therefore, which is most in need of an expansion of alternatives for mental health treatment.

Conclusion

The extended family continues to remain a strong institution among most Mexican Americans in this study. Grebler et al. (1970:354) state that "relationships within the extended kinship group among Mexican Americans have declined in importance with increased urbanization, acculturation, and contact with the dominant system." On the contrary, we find that the extended family is of great importance within this largely urban sample, and, furthermore, the English-speaking, U.S. born respondents of higher socio-economic status

have larger, more tightly-knit extended families than the respondents with more traditional cultural background and lower class status. We should naturally expect the immigrants to have fewer relatives living nearby, having left their kin group in Mexico. Yet, the persistence of the extended kin group among native Mexican Americans indicates the cultural pattern is maintained once residence is stabilized. Moreover, third generation respondents have extended families which are just as large and integrated as those of second generation respondents, further demonstrating the integrity of this institution.

Consistent with the findings of Madsen and Jaco, the extended family is an important support system for Mexican Americans with emotional problems. Relatives and compadres are seen more frequently than any other source of help by natives and immigrants alike. Mexican Americans with very supportive families rely on their kin to an even greater extent in comparison to alternative sources of help.

Besides reliance on the extended family, Mexican Americans in this study also frequently consult with friends, physicians, and priests/ministers. Curanderos, on the other hand, are rarely called on for help in meeting emotional crises. Similarly, public mental health clinics are not often utilized by Mexican Americans. This does not appear to be due primarily to lack of knowledge about neighborhood clinics or out-right reluctance to make use of them. Almost half of the respondents know about the local clinic, and three out of five say they would be willing to contact a mental health facility. Furthermore, although the data is only suggestive, the majority of users hold positive attitudes about mental health services. Rather, the most significant reason for lack of use of mental health clinics is preference for alternative sources of help, particularly the extended kin group.

FOOTNOTES

1. See Padilla and Ruiz (1973) and Padilla et al. (1975) for further description of these three alternative explanations. While it is agreed there is considerable diversity within the population of Mexican descent, there is still a need for a term to encompass the ethnic group as a whole; we shall use the term Mexican American for this purpose.
2. This study was made possible by the National Institute of Mental Health, grant #MH26099-01 and -02.
3. Fully 91% of the SS/S population in California is urban. Of these, 75% are married and the age category proportions are as follows: (1) 44% are less than 35 years old, (2) 44% are 35 to 59 years of age, and (3) 12% are over 59 years old. About 51% of the urban SS/S are women (U.S. Bureau of the Census 1973).
4. A joint household is one in which two or more nuclear families are present. The families may or may not be related. Therefore, this kind of household overlaps to a large extent with the extended type of household in this sample.
5. For the urban SS/S population of California, 76% have lived in the same county for 5 years or more, 61% of the population who are at least 20 years old do not have a high school education, and 78% of the male labor force over 19 years of age have blue collar jobs (U.S. Bureau of the Census 1973).
6. Alternative mental health resources include a doctor, relative/compadre, friend, priest/minister, Mexican American community worker, a group meeting, private psychiatrist/counselor, social agency, and curandero as well as a mental health clinic.

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Table 1. Household Composition

	No.	%
Nuclear family households		
Husband, wife, and children	401	60
Husband, wife, no children	61	9
Single parent households		
Wife and children	54	8
Husband and children	12	2
Extended family households[a]	74	11
Single person households[b]	35	5
Others	29	4
Total	666	99

[a]An extended family household is defined here as a nuclear family household with other relatives present.

[b]A single person household is one in which the respondent is alone or is unrelated to others living in the household.

Table 2. Presence of Extended Family Support by Language of Respondent's Questionnaire

	Spanish		English	
	No.	%	No.	%
No support	(106)	34	(43)	12
Some support	(99)	32	(108)	30
Much support	(104)	34	(206)	58
Total	(309)	100	(357)	100

Table 3. Presence of Extended Family Support by Respondent's Birthplace

	Mexico		United States	
	No.	%	No.	%
No support	(88)	33	(54)	14
Some support	(80)	30	(121)	32
Much support	(96)	37	(207)	54
Total	(264)	100	(382)	100

Table 4. Presence of Extended Family Support by Respondent's Education

	Less than 8 years		8 years or more	
	No.	%	No.	%
No support	(95)	39	(48)	12
Some support	(79)	32	(123)	30
Much support	(72)	29	(233)	58
Total	(246)	100	(404)	100

Table 5. Presence of Extended Family Support by Head of Household's Occupation

	Semi-skilled and Unskilled		White collar and Skilled	
	No.	%	No.	%
No support	(107)	24.5	(26)	14
Some support	(142)	32.5	(56)	30
Much support	(189)	43	(104)	56
Total	(438)	100	(186)	100

Table 6. First Place Recommended for a Person with an Emotional Problem

	Number	%
Doctor	(159)	25
Relative/compadre	(132)	20
Priest/minister	(107)	17
Friend	(89)	14
Mental Health Clinic	(88)	14
Psychiatrist/counselor	(61)	9
Mexican American community worker	(8)	1
Curandero	(0)	0
Other	(6)	1
Total	(650)	101

Table 7. Mental Health Resources Used by Respondents in a One Year Period Prior to Interview*

	No.	%
Relative/compadre	241	36
Friend	170	26
Doctor	140	21
Priest/minister	106	16
Mex. American community worker	57	9
Group meeting	46	7
Private psychiatrist/counselor	25	4
Mental health clinic (2 year period)	16	2
Social agency	15	2
Curandero	11	2
Other	40	6

*Note: Percentages add up to more than 100% because respondents may have used more than one mental health resource.